

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018226

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 820

FILED JUN 12 1962

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WAYNE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		c. CITY OR TOWN <b>PATTERSON</b>	
Length of stay in 1b <b>15 DAYS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>STAR ROUTE</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>CHRISTIAN</b> Last <b>SCHILDMAN</b> SR			4. DATE OF DEATH Month <b>MAY</b> Day <b>31</b> Year <b>1962</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR 2, 1915</b>	9. AGE (last birthday) <b>67</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED RAILROAD-MAN</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>		11. BIRTHPLACE (City and state or country) <b>LACROSS WIS.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM SCHILDMAN</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH BASLER</b>		14. NAME OF HUSBAND OR WIFE <b>NELL CASTELL</b> <b>SCHILDMAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>A NELL SCHILDMAN</b> Address <b>PATTERSON MO</b>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lower nephron nephrosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hemorrhagic pancreatitis</b>		<b>2 wks.</b>
DUE TO (c) <b>[REDACTED]</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <b>None</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m.	Month, Day, Year <b>[REDACTED]</b>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>[REDACTED]</b>	20f. CITY, TOWN, OR LOCATION <b>[REDACTED]</b>	COUNTY <b>[REDACTED]</b>	STATE <b>[REDACTED]</b>
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21. I attended the deceased from <b>5-16-62</b> to <b>5-31-62</b> and last saw him alive on <b>5-31-62</b>	
Death occurred at <b>9:40 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <b>E. T. HANSBROUGH</b> (Print name or title) <b>E. T. HANSBROUGH, M.D.</b>	22b. ADDRESS <b>623 Pine Blvd.</b> <b>Poplar Bluff, Missouri</b>	22c. DATE SIGNED <b>[REDACTED]</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6-2-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WHITE MILL</b>	23d. LOCATION (City, town, or county) (State) <b>ELLISNORE MO</b>
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24. FUNERAL DIRECTOR <b>GISH</b>	25. DATE RECD. BY LOCAL REG. <b>6/9/1962</b>	26. REGISTRAR'S SIGNATURE <b>[REDACTED]</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER'S RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

10128

21110

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9587.0

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122.0

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JUN 13 1962

APR 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Me, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Maver E. Bowles

Licensed Embalmer No.

4426

P. O. Address

Pickens, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.